

THE AMA NEWS

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December 14, 1959

The Newspaper of American Medicine

Capsules of the NEWS..

Closed Panels: California's attorney general said a health insurance plan which gives the insured better terms if treated by a closed panel plan listed by the insurance firm violates the state's Business and Professions Code as it relates to medical and surgical practice.

Medical Deduction: Tax Court ruled extra "hurry-up" fare from vacation site to hospital is deductible. Taxpayer and wife became ill in Europe, canceled ship passage home and flew to San Francisco for treatment. Court said extra cost of plane trip—above ship's fare—was deductible medical expense.

Aid to Aged: More than 70% of Americans over 65 now draw old-age insurance benefits and about 16% receive old-age assistance. The Federal Council on Aging said the government now spends about \$14 billion a year on special programs for older people and warned the total will go higher.

Interns: Nearly half of the interns and residents in New York City are foreign-trained, according to Hospital Council of Greater New York. Average for the country is about one-third.

Alcoholics: General hospitals need not segregate alcoholics nor do they need special treatment facilities for them, according to a report published by American Hospital Assn. The report is based on an experiment at Mount Zion Hospital and Medical Center of San Francisco.

Medical Bill: Americans spent \$16.7 billion for their medical care last year—\$300 million less than they spent for recreation.

Cancer Surgery: Surgery for treatment or prevention of cancer is now one of the most common procedures among all types of surgery performed in U.S. Health Insurance Institute said a 1957 survey of insurance claims showed one of seven operations was aimed at cancer—twice as many as in 1947. But 94% of cancer surgery in '57 was for removal of benign tumors or cysts.

MD Radio: Federal Communications Commission indicated agreement with AMA's request that certain radio frequencies be set aside for physicians' calls. Agency called for comments from interested parties and set a Feb. 1 deadline.



AMA'S GENERAL PRACTITIONER of the Year is Dr. Chesley M. Martin, 70, a family doctor for the past 44 years in the rural community of Elgin, Okla. See story on page 14.

Delegates Reaffirm Freedom of Choice

The House of Delegates, policy-making body of the American Medical Association, adopted a resolution reaffirming its previous stand on the free choice of physician.

In taking action at the 13th Clinical Meeting of the AMA in Dallas, the House inserted another plank which made its previous action on free choice even stronger.

Free Competition: The added statement said:

"Lest there be any misinterpretation, we state unequivocally that the American Medical Association firmly subscribes to freedom of choice of physician and free competition among physicians as being prerequisites to optimal medical care.

"The benefits of any system which provides medical care must be judged on the degree to which it allows of, or abridges, such freedom of choice

and such competition." This action reinforces two previous policy statements on free choice which were adopted at the Annual Meeting last June in Atlantic City. The statements are:

"The American Medical Association believes that free choice of physician is the right of every individual and one which he should be free to exercise as he chooses.

"Each individual should be accorded the privilege to select and change his physician at will or to select his preferred system of medical care, and the American Medical Association vigorously supports the right of the individual to choose between these alternatives."

Strengthens Position: During the discussion on the floor, Dr. John S. De Tar, Milan, Mich., emphasized that the new statement in no way altered the AMA's previous position on free choice of physician which was taken in Atlantic City. (*The AMA News*, June 29, 1959).

Dr. De Tar, who was chairman of the special reference committee which presented the statements on free choice at the Atlantic City meeting, asserted:

"The amendment strengthens AMA's previous action."

Dr. Charles L. Hudson, Cleveland, O., served as chairman of the Reference Committee on Insurance and Medical service in Dallas.

Statement Added: The reference committee stated that the statements on free choice adopted by the House in June "are strong, concise, inclusive, and without ambiguity. They should not be replaced."

However, the committee felt that an additional statement was needed because of "dissatisfaction with interpretations" of the June action and submitted the following:

"The American Medical Association firmly believes freedom of choice of physician and free competition among physicians should be preserved and

(See Delegates, Page 2)

Smoking and Cancer

New Clinical Evidence

The strongest clinical evidence yet presented linking smoking with human lung cancer was described at the AMA's scientific session at Dallas.

A five-year study of nearly 20,000 tissue samples removed from the lungs of 402 men who died from any causes—including lung cancer—showed that not only lung cancer but lung conditions which lead to cancer depend almost entirely on the number of cigarettes smoked.

Amount of Damage: Smoking habits determine not only whether each individual in the study had lung disease but also the amount of cancerous, non-cancerous, and pre-cancerous damage done in the lung tissues.

The study was made by Dr. Oscar Auerbach, chief of laboratory service at the VA hospital, East Orange, N.J.; Dr. Arthur Purdy Stout, professor emeritus of surgery, Columbia University College of Physicians and Surgeons; E. Cuyler Hammond, director of statistical research, American Cancer Society; and Lawrence Garfinkel of the ACS.

Of the 402 men, 63 died of lung cancer and all had smoked either cigarettes, cigars, or pipes. Of the other 339 men, 55 had never smoked regularly and the others had smoked only occasionally to two or more packs a day.

Average Ages: Ages at time of death ranged from 22 to 88 years, with the average age for lung cancer victims 57.7 years and for the others 58.7 years.

Lungs of the 402 men were dissected and the bronchial trees were sliced. Each tree yielded an average of 208 slices, of which more than 50 from each tree were selected for microscopic study. Slices were shuffled so that pathologists could not know

from what kind of patient each slice came.

Among lung cancer cases, the study showed only .1% of the slices were entirely normal. Slices from the lungs of heavy cigarette smokers without lung cancer were also almost uniformly abnormal and light smokers showed only 2.6% normal slices. This was contrasted with 51% normal slices among non-smokers and 41.8% from occasional smokers.

Categories of cell and tissue abnormalities found:

Early invasive cancer: Seven of the 63 men who died of lung cancer showed one or more lung cancers of microscopic size in addition to the cancer which killed them.

Cancer-in-situ: This malignant can-

(See Smoke, Page 2)

AMA Prepares

Medical Scholarship Plan

AMA's House of Delegates at Dallas approved a special committee to prepare a scholarship program for medical students, and to study other aspects of medical education.

The House recommended that the special committee be given a staff and funds so that it can make its first report at the 1960 Annual Meeting.

The committee was asked to "present a scholarship program, its development, administration and the role of the American Medical Association in fulfilling it."

The House declared that "... A fund should be established which will aid deserving students to enter the

field of medicine and that such a fund be backed by the American Medical Association as a primary sponsor."

The committee also was asked to:

● Ascertain the maximum to which medical schools could expand their student bodies, and what universities can support new medical schools, either on a two-year or a four-year basis.

● Investigate securing competent medical faculties, financing of expansion and establishment of medical schools, financing medical education, relaxing rigid geographic restrictions on the admission of students to medical schools.

Court Exonerates Five Drug Firms

Five major drug firms were exonerated of price-fixing in the sale of Salk polio vaccine when the federal government's antitrust case was thrown out of U.S. District Court in Trenton, N.J.

Judge Philip Forman dismissed charges of criminal conspiracy against the companies without waiting for defense arguments. He said the government had failed to substantiate its accusations and could not appeal.

Defendants were Eli Lilly & Co.; Allied Laboratories, Inc., and its Pittman Moore Division; the American Home Products Corp. and its subsidiary, Wyeth Laboratories, Inc.; Merck & Co. and its Merck, Sharp & Dohme Division, and Parke, Davis & Co.

"Baseless Attack": Commenting on the ruling, Harry J. Loynd, president of Parke, Davis & Co., said it "confirms our feeling that the indictment should not have been returned originally and that it only served to belabor the contributions made by the pharmaceutical industry in the conquest of poliomyelitis."

Eugene N. Heesley, president of Eli Lilly & Co., said his firm was pleased that the suit "was so completely without basis that it was not even worthy of jury consideration." He added:

"We cannot help being deeply concerned that reputable business firms can be subjected to this kind of baseless attack. The harm done in terms of damage to public reputation by the mere bringing of the suit is incalculable."

No Bridge: The five companies were indicted May 12, 1958, by a federal grand jury which charged them with conspiring to fix prices and eliminate competition in the sale of the vaccine to federal, state, and local governments. The trial began Oct. 13.

Judge Forman, in reading a 20,000-word opinion, said "there is no bridge over the gap from fact to inference" in the government case. He conceded that testimony had shown the prices quoted by the companies were almost the same.

However, he explained, the most-favored-customer clause in federal contracts "put a floor" under these prices. When the floor was removed the prices dropped, he said, and it was reasonable to assume that the defendants were merely seeking to meet competition.

Result of Clause: The favored-customer clause prevented the companies from selling the vaccine to any governmental agency at a lower price than that charged another.

Result of the amended most-favored-customer clause, Judge Forman said, "was to effect an even greater degree of price uniformity than had previously existed. . . . This clause is but one more instance of the government's unprecedented interest in the manufacture, allocation, distribution, and sale of a biological, in this case Salk vaccine."

He said evidence that some of the defendants had communicated with one another on price policies was circumstantial and the charge of conspiracy "never rises higher than the level of a suspicion."

Award of Merit

An award of merit for outstanding activities in public service was presented to the American College of Radiology by the American Society of Association Executives. The award was in recognition of an educational program in radiation protection.



AFTER 30 YEARS of continuous service to American medicine, Thomas G. Hull, left, is retiring as secretary of AMA's Council on Scientific Assembly. The council honored him Nov. 29 at a dinner and reception in Adolphus Hotel, Dallas, and presented him with a scroll of appreciation. Hull is shown here with Dr. Stanley P. Reimann, Philadelphia, chairman of the council. Smith, Kline & French will contribute \$2,500 to establish a suitable award in Hull's name.

Smoke . . .

(Continued from Page 1)

ter change in the lining of the bronchial tubes was found in 83% of the lung cancer cases. The more one smoked, the more numerous were his cancer-in-situ lung spots.

Atypical cells—A steady rise was noted in the findings of atypical cells—which probably represent a change toward cancer—with the number of cigarettes smoked.

Stratification—Only .2% of the slices from non-smokers showed stratification—representing the loss of cells with whip-like cilia which rid the tubes of unwanted particles. About 7.8% of the slices from heavy smokers and lung cancer patients showed stratification.

Other tissue abnormalities found were squamous metaplasia and basal cell hyperplasia. Cell regeneration was more frequent in the non-smokers' slides.

Delegates . . .

(Continued from Page 1)

cherished as fundamental principles which have, in large part, been responsible for the high standard of medical care in the United States and the leadership of American medicine throughout the world."

At this point, Dr. Robert C. Long, Louisville, Ky., introduced what he termed a "stronger" statement on free choice and asked that it be substituted for the committee's offering.

Dr. Long's substitute amendment was approved by a House count of 121 "for" and 58 "against."

AMA Will Describe Radio, TV Efforts

The American Medical Association planned to outline to the federal government the Association's effort to achieve accuracy, truth, and decency in broadcasting and film program material on health or medical subjects.

The testimony would be part of the Federal Communications Commission's December hearings on the standards of radio and television broadcasting.

The AMA's Physicians Advisory Committee on Television, Radio and Motion Pictures and other AMA groups have long campaigned against misrepresentations in advertising and in regular programs or films dealing with health matters.

AMA officials also were scheduled to discuss public service programming in the area of health education and the preparation of advertising copy for proprietary medicine products.

Full Medicare Benefits To Be Restored Jan. 1

The Defense Department restored benefits that were chopped out of the Medicare program in an economy move more than a year ago. The new benefits will go into effect Jan. 1, 1960.

A permit system for dependents inaugurated in October, 1958, however, will continue to be part of the Medicare program.

* * *

More Civilian Care Predicted

During the next five years, civilian physicians and hospitals will supply an increasing amount of medical care for dependents of active duty servicemen, while service hospitals will continue to care for the dependents at about their present level.

This is the prediction of Brig. Gen. Floyd L. Wergeland, director of the Office for Dependents Medical Care, who addressed the Medical Services Conference in Dallas, Nov. 30.

The general made it clear, however, that his forecast was based on the restoration of certain types of care under Medicare and on continued congressional approval of the program.

Other Discussions: The 300 physicians and medical society executives attending the conference sponsored by AMA's Council on Medical Service also heard discussions on public welfare medical care, federal employees' health insurance, and current and projected programs of voluntary protection for senior citizens with reduced incomes and modest resources.

General Wergeland said hospitalization requirements for dependents of servicemen will continue to rise due to increases in marital rate, family size, birthrate, and re-enlistment rate.

\$200 Million Paid: The program, three years old this month, has paid out more than \$200 million for 800,000 cases whose care was provided by civilian physicians and hospitals.

All told, service and civilian hospitals have cared for more than a case a minute since the program began. Actually, the program accounts for about 4.5% of all admissions to short term general-purpose hospitals in the U.S., and about 6.2% of all births.

Insurance Benefits: David F. Lawton, of the U.S. Civil Service Commission, told the conference the Federal Employees Health Benefits Act will become effective next July.

While the program is not compulsory, some 90% of the two million federal employees eligible are expected to enroll. In addition, 2.2 million dependents are expected to be covered.

Employees will have a choice between two types of government-wide plans—service benefit type and indemnity benefit type. The law requires each of the two government-wide plans to offer the employee a choice or option between two levels of benefits. Many also will be able to enroll in an employer-organization plan or in a group-practice prepayment plan or in an individual-practice prepayment plan.

By meeting certain requirements, federal employees will be able to continue their health benefits coverage after retirement. If an employee dies his dependents may continue the program provided they meet the requirements.

care program of providing treatment in civilian hospitals for qualified dependents of military personnel.

Funds Voted: Under the permit system, dependents living with sponsors must use military medical facilities unless these are certified to be unavailable.

The program was expanded because Congress last summer voted the full \$88.8 million sought to run Medicare, in contrast to a big whack the year before.

Restored services include:

- Treatment for such cases as tonsillitis, hernia, etc., which are not of an emergency nature but for which good medical practice dictates prompt attention.

- Care for acute emotional disorders for a period of 21 days or until other provision is made for more prolonged care.

- Emergency out-patient care for acute injuries or accidents, such as simple fractures which do not require hospitalization.

- The allowance of \$75.00 for certain diagnostic tests, such as x-rays, is restored if these tests eventually lead to hospitalization of the dependent. Similarly, the \$50.00 allowance for certain post-hospitalization procedures, such as a blood transfusion for a leukemia patient before he is finally released as completely treated, has been restored.

The Defense Department planned to issue a revised directive on Medicare, which the services will implement with their own regulations.



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Stress Sunshine Peril, MDs Told

Physicians should take the lead in educating the public on the adverse effects of sunlight.

Dr. John M. Knox, Baylor University College of Medicine, told a symposium on "Sunlight and the Skin" at AMA's Dallas Clinical Meeting that many of the visible signs of aging are the result of accumulated ultraviolet damages such as sunburn, pigmentary changes and skin cancers.

He said among skin changes related to exposure to sunlight are a dry, coarse and leathery appearance of the skin, a skin laxity with wrinkling and various pigmentary changes.

Dr. Knox added that in addition to cosmetic ill effects of chronic exposure, the sun-damaged skin is predisposed to the development of premalignant and malignant skin tumors.

According to Dr. Knox, a recent study showed suntan lotions and creams will increase the minimal erythema threshold four to six times. Sunbathers protected by one of these formulations could remain in the sun four to six times as long as unprotected persons before obtaining a burn.

He said derivatives of para-aminobenzoic acid are probably the best currently available sunscreens for individuals wanting a suntan.

Dr. Stephen Rothman, Chicago, and Dr. Raymond E. Susskind, Cincinnati, said sunbathing as a cause of skin cancer has not yet been assessed, since sunbathing is a comparatively new fad. Dr. Rothman is chairman of the AMA Committee on Cosmetics and Dr. Susskind is a committee member.

Registration at Clinical Meeting

Physicians, residents, interns	2,817
AMA guests	3,010
Total	5,827

AMA Reaffirms Shield Support

Support of the concept of Blue Shield plans to assist persons in payment of their medical care costs was reaffirmed by AMA's House of Delegates at Dallas.

The House also directed the AMA's Council on Medical Service to prepare recommendations for a full statement of policy regarding AMA's relationship with Blue Shield plans. The recommendations are to be submitted to the House at the 1960 annual meeting in June.

The resolution urging that the AMA reiterate its support of the Blue Shield concept was sponsored by the Florida, Michigan, Nebraska, New York and North Dakota delegations.

It pointed out that changes in the economic and social characteristics of Americans have made the development of prepayment mechanisms necessary and that local physician-sponsored and approved community prepayment plans have become "a most effective mechanism" in the system of voluntary health insurance.

Clinical Meeting Briefs

Heart: Use of radioactive iodine has produced good results in treating persons with auricular fibrillation, according to Dr. Eliot Corday, Los Angeles. Radioactive iodine lowers body metabolism, he said, and this slows down the patient's racing heart. He reported one patient's fibrillating heart, which had resisted other medications for 17 years, gained normal rhythm after administration of radioactive iodine.

Telephone Conference: An international flavor was given the Dallas meeting through a clinical pathological conference conducted by trans-Atlantic telephone. A panel of American physicians and a panel of British physicians meeting at Glasgow, Scotland, attempted to diagnose problem cases submitted by the opposing panel, with the Americans submitting a case involving cardio-pulmonary disease and the British presenting a case of neurological disease. Case histories and other clinical findings were submitted in advance.

Cancer: Bold but judicious use of chemical agents as an adjunct to surgery offers hope for cancer patients in the early stages of the operable group, reported Dr. J. Samuel Binkley, Oklahoma City, Okla. He pointed out that surgery and radiation techniques will fail if live tumor cells implant and grow in distant areas from the primary growth and that cytotoxic chemicals may meet the challenge of circulating cancer cells. He declared the profession has waited too long for a cancer "breakthrough" and this has slowed the adoption of less spectacular chemicals now available.

Strokes: Causes of many strokes occur outside the brain and can be treated surgically. This finding was reported by Dr. John E. Whiteleather, Memphis, Tenn., who noted that strokes frequently are due to a narrowing or blocking of the carotid artery in the neck or chest and thus surgically accessible. In 628 angiograms that included the neck segment at Memphis Baptist Hospital, 108 diagnoses of constriction of the artery were made, he said.

Shock: Mephentermine sulfate has been used with marked success in treatment of shock. An exhibit based on study conducted by Dr. Arthur Bernstein and five staff members at Beth Israel Hospital, Newark, N.J., showed that about 70% of the patients in severe shock showed good to excellent response to mephentermine. In cases of mild shock, recovery rate was close to 100%.

Injuries: Progress in emergency care of the injured is lagging behind other medical advances, Dr. Gordon F. Madding, Burlingame, Calif., stated. Since wounds and injuries account for 100,000 deaths a year in the U.S., this calls for serious thought and study, he declared. Dr. Madding warned against the possibility of overlooking abdominal injuries in auto accident cases because of the more obvious injuries. In general, he said, injuries take the following precedence for treatment based on threat to life and limb: Injuries hindering the function of the heart or breathing, abdominal penetration, injuries to brain and spinal cord, and extensive soft tissue wounds.



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THE AMA NEWS

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Editorial Viewpoint

Resources of Elderly

A recently-completed study of a random cross-section of all older persons in the U.S. has revealed that the health care problems of the aged definitely are not of the magnitude they have been purported to be.

A perusal of the report entitled *Financial Resources of the Aging* clearly shows that those advocating federal compulsory health insurance have been guilty of grossly exaggerating the financial and health care problems of persons over 65.

The study to which we refer was conducted by the National Opinion Research Center of the University of Chicago under a grant by Health Information Foundation. A preliminary report of the study, which began in 1957, was released last month.

It shows that only 9.6% of persons aged 65 and over said they could not pay a medical bill of \$500. And if anything the 9.6% is overstated, because it is characteristic to understate resources in this type of survey.

More than 90% of the over-65 group said they have available means to meet such a bill.

It is a known fact that most of those comprising the 9.6% are not eligible for OASDI benefits, and, therefore would not even be entitled to federally-purchased health care services under the proposed Forand bill.

Since physicians give professional services free to those who can't pay, the only remaining serious health service problem is hospital care.

That brings us to the important question: How many of our senior citizens actually are faced with a significant health care problem? Three per cent? Five per cent? Whatever the number, it obviously is small.

Yet proponents of Forand-type legislation would saddle industry and all persons under social security with an increased tax load to provide more than 90% of our aged with government-financed health care they admit they do not need in order to take care of fewer than 10% who say they couldn't pay a \$500 medical bill.

It just doesn't make sense.

Another important factor ignored by groups supporting Forand-type measures is the liquid asset holdings of persons over 65.

The facts are that the over-65 group holds "relatively substantial" liquid assets. A report compiled by AMA's Department of Economic Research and based on the Federal Reserve Board's Survey of Consumer Finances (See JAMA, Oct. 31, 1959) shows that between 1949 and 1958 persons over 65 accumulated liquid assets faster than any other age group. More than 74% owned liquid assets in some form in 1958. Furthermore, the net worth of the over-65 group is probably greater than almost any other age group.

From the National Opinion Research Center's study we learn that 55.2% of those over 65 own homes or real estate, 53.8% have savings, 19.1% own stocks and bonds, 35.4% have life insurance and so on.

These figures lead one to question any legislative scheme designed to compel those under 65 to pay for the medical care costs of those over 65, regardless of financial status. In many individual cases, those over 65 are better able to afford medical care than those under that age.

Recognizing the nature of the problem, the American Medical Association and the American Hospital Assn. recently jointly resolved that "such proposals as H.R. 4700 (Forand bill) are not designed especially to assist the needy, since they apply to all social security beneficiaries and exclude the majority of needy persons who are not eligible for social security benefits."

The two associations pledged to mobilize their full resources to accelerate the development of adequately financed health care programs for needy persons—especially the aged needy.

Words of Wisdom

Dr. Albert Schweitzer: "Happiness is nothing more than good health and a bad memory."

Woodrow Wilson: "If you think about what you ought to do for other people, your character will take care of itself."

"I would suggest amputation about here."



As Others See It

Problem Exaggerated

EDITOR'S NOTE: The following is an excerpt of a statement given recently before the McNamara Committee by the Right Rev. Monsignor A. C. Dalton, director of Catholic hospitals, Archdiocese of Boston.

From all I have observed, heard, or read, it is my opinion that the problem of our aged citizens is an overexaggerated one. Reliable authorities appear to be unanimous in stating that the vast majority of those 65 and over present no especial problem; they can handle their own situations well or have them handled satisfactorily by those near and dear to them. It is with regard to the minority that any problem exists.

This minority lacks the financial means, the physical or mental health, devoted relatives who will make a go of it, or just plain knowledge of how to live with their age.

Public interest focuses upon this minority all out of proportion. This no doubt is due to the rapidly increasing number of these aged citizens and the fact that such an increase was neither foreseen nor well prepared for. The result is a certain amount of confusion and not a little hysteria in trying to arrive at a sane and sensible solution.

One of the solutions, a quick and easy one to be sure, is to hand the problem over to the government by committing to the mental institutions the aged who are more or less disoriented.

But the state can never give to the aged warmth, appreciation, and tender concern. This is the heart of the problem. This does not discount the economic, social and health factors. More and more have the state and federal governments, at least in appearance, shifted the responsibilities of parents and children from the human to the institution.

In the Archdiocese of Boston, we have no distinct units for geriatric care. This is posited on two observations:

- The aged would prefer to be treated like any normal person. They are not abnormal. They possess human dignity which means that what is good for the rest of the population is good for them.

- There are no diseases of old age. Some are more prevalent among the aged, but any disease that the aged have is shared by all ages.

We have had a good percentage of our parishioners who were and are aged. Even in the recent years of expanded age growth, the aged have never been a problem. In fact, compared to the very young, the problem of the aged is sinecure.

Please regard the aged as ordinary citizens until such time in the lives of the minority that they require financial care, counseling, hospitalization or basic love. Compel familial obligation by law. It is done in the case of dependent children and divorcees. But, above all else, let's not rob the individual of his God-given rights to solve his own problems, to think and act for himself, to be as we all were some time back, rugged and responsible individuals. Let's try to solve our filial responsibilities without dragging into the solution governmental agencies.

When the government assumes all these roles, the knell of doom for our nation has sounded. For weakness is thereby generated and weakness is the temptation for the strong to conquer us.

Quotes and Comment

Specialists in Politics

• **Raymond W. Mack**, Northwestern University, speaking about our culture and the value system we have built up in our view of politicians: "I know of no other area in which a man's best qualification for office is lack of experience, in which the only person we don't trust is the man who's a specialist. Not one of us who wants to have his appendix out will say, 'I don't care who we get as long as we get a doctor. They're doing this sort of thing all the time; you can't trust them.' But the ideal characteristic for a candidate for a high public office to have is complete ignorance of politics. Then, we say, he must be trustworthy. Maybe he is, but he may not be very efficient. If you insist that people who specialize in politics are to be suspect and treated as corrupt and not elevated to the highest positions, you make it pretty likely that the people you'll get to specialize in politics will be suspect and corrupt."

Socialization of Medicine

Long Beach, Calif., Independent: "Many medical men say socialization of medicine is inevitable. But the profession is doing something about it. The widespread medical and hospital insurance programs are providing better service and protection than is found in Britain's socialized medicine. The big question is—will the profession organize quickly enough and in sufficient numbers to give such protection before the government control advocates beat them to it? The recognition of this danger by all who oppose socialization is important. Once it encompasses one industry or profession it is much easier to subdue the next."

Rare Coincidence

LaCrosse, Wis., Tribune: A coincidence that could be one in two million links a Sparta, Wis., man and two physicians.

Charles N. Roy in recent years had surgery in two widely separated areas of the United States.

Several years ago he was hospitalized at LaCrosse Lutheran Hospital. His surgeon was Dr. Gunnar Gundersen, who last June retired as president of the American Medical Association.

A couple of years ago the Sparta man came under the knife in Orlando, Fla. His help that time was Dr. Louis Orr, who last June succeeded Dr. Gundersen as AMA president.

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Letters

... As Readers See It

'I Am a Doctor'

● I recently was invited to preview the new AMA and American Association of Medical Colleges film, *I Am a Doctor*. This to my mind is perhaps the most effective career type film that I have ever seen. Although it is idealistic, the film is a far cry from the typical, glamorized "snow" job which we most frequently encounter in film portrayals of the various professions. . . . Please extend my congratulations to all those concerned for the production of this film.

GEORGE T. NILSON
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Average Weight Tables

● The *AMA News* (Nov. 2, 1959) published under the heading "Average Weight Tables" the results of the study of the Society of Actuaries. I am 64, five-feet-seven with shoes, and my weight in ordinary indoor clothing is 128 pounds. According to the published table my average weight is 159 pounds. Since I am not underweight by any stretch of imagination, the new table would indicate that the average of my age group are 30 pounds overweight.

An editorial note on your part might be in order to obviate any misunderstanding of the new weight table. It is an actuarial study of averages and in no way can be used as a guide. The difference between average weight and ideal weight cannot be emphasized enough, particularly in a publication sponsored by the medical fraternity.

WALTER CANE, MD

Garden City, N.Y.

Prescription Labels

● I believe prescriptions should be labelled most of the time for the following reasons:

1—If the patient phones late at night, you know what he has on hand.

2—In medical emergencies, it is good to know just what the patient is taking.

3—It is more economical if a patient has a little left, and another member of the family needs the same medication.

4—The allergy problem is reduced since patients will not be given the same medication to which they are allergic without their knowledge.

There is an occasional exception. That is readily granted. But, in most instances, it is in the patient's best interest to label medication and indicate the number.

MARTIN KARR, MD

San Mateo, Calif.

Help For Aged

● I have read every issue of *The AMA News* since it started, and have enjoyed it. I am a retired physician nearly 86. Being retired, like an old Ford, I am ready for the road again. Having no office, I do not pretend to practice medicine any more, but I whittle a lot, write some, visit the neighbors, and go to church regularly.

What I want to know is: Why is so much said about helping the old people in your columns and in *Reader's Digest*, *Life* and *Time* and a lot more in Congress, but so far very little is done about it. A lot of talk but little action.

We enjoy your nice language but most of us are getting deaf and find it hard to listen. All the talking does not find a house for us to live in or a good meal or suit of clothes.

Occasionally some church body gets enthusiastic and hires or builds a house and when the cash runs out, they invite those who can pay the cost of maintenance to enjoy the provisions provided.

The fellows who are doing the loudest yelling about the needs of old people take it all out in yelling but forget to do something. Meanwhile we oldsters can continue to watch and wait and live in trailer houses.

Keep talking softly and do something real loud and we will all shout Hurray when we see more of the doing business.

S.P.S. EDWARDS, MD

Newbury Park, Calif.

Parliamentary Note

Dr. George F. Schmitt of Miami, Fla., a registered parliamentarian, has prepared a sheet summarizing parliamentary procedure in medical meetings. Physicians wishing a free copy should send a stamped, self-addressed envelope to Dr. Schmitt at 30 South-east Eighth St., Miami 32, Fla.

Fellowships Offered

Under a new fellowship program announced by the National Foundation, every approved medical school in the U.S. may nominate one student who wishes to undertake a research program in genetics or embryology. The stipend is \$600.



114 Heart Grants

The Life Insurance Medical Research Fund aided 114 heart research programs and supported 24 fellowships in the past year, according to the fund's annual report.

Cylindrical Packages

Enclosure May Change Mail Rate

Many physicians are still putting the wrong amount of postage on cylindrical-shaped packages they mail to hospitals, laboratories, clinics, and state health departments.

Misunderstandings arise when physicians enclose forms on which they have checked off certain instructions for the laboratories. Such check marks convey a message, the Post Office Department says, and subject the package to first class rates.

The rate for odd-shaped packages of two ounces or less is 3½ cents. Regular third-class rates prevail if the package weighs more than two ounces—3 cents for the first two ounces and 1½ cents for each additional or fraction of an ounce.

These rates permit no enclosures except 1) names and addresses of sender and addressee; 2) name and quantity of articles enclosed; 3) de-

scription of articles enclosed; 4) order or file number, date of order, etc.; 5) initials or name of packer and checker.

If further loose enclosures requesting information such as the type of test to be made, etc. are to be enclosed, the physician may add 4 cents to the postage required for the parcel itself and label the outside of tube "first class mail enclosed."

Guide to Postage Rates On Cylindrical Packages

Weight of Tube, Ozs.	Postage Without 1st Class Enclosure	Total Postage with 1st Class Enclosure
0-2	3½	7½
2-3	4½	8½
3-4	6	10
4-5	7½	11½
5-6	9	13
6-7	10½	14½
7-8	12	16
8-9	13½	17½
9-10	15	19



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On the

Legislative Front

As lawmakers begin to return to the nation's capital for the forthcoming session of Congress, the big debate appears almost certain to be over federal spending.

Budget Chief Maurice H. Stans has warned that unless the line is held, the time won't be too far distant when federal spending will reach the \$90 billion to \$100 billion mark annually. This year's fiscal totals probably will be about \$79 billion, and there were hopes for a small surplus if the steel strike's still unknown impact on tax revenues wasn't too great.

On Firing Line: Stans declared in a speech earlier this month that the job of keeping U.S. spending within its means rests primarily with "the responsiveness of Congress to the people."

And President Eisenhower told a news conference that everyone should be aware that pensions and savings are threatened by inflation if this nation does not have a fiscally responsible government. Many programs should be deferred, he said, until the

government has its financial system in order.

On the firing line on the budget issue are a handful of lawmakers—the 50 men on the House Appropriations Committee and the 28 members of the Senate Appropriations Committee. For the next four or five months they will be closeted with officials of all the federal agencies in a detailed scrutiny of the Administration's budget proposals.

The appropriations committees and the two committees that handle taxes and revenues—House Ways and Means and Senate Finance—are generally regarded as the most important on Capitol Hill. They are the "purse-string" groups that through control of money and revenue have perhaps the biggest say in the operations of the government.

Health Programs: Prime responsibility in Congress for the medical-health budget rests with Sen. Lister Hill (D., Ala.) and Rep. John Fogarty (D., R.I.). They are chairmen of appropriations subcommittees that are responsible for the Health, Education and Welfare Department's wide activities which include the Public Health Service, the Hill-Burton Hospital Construction Program, the National Institutes of Health, and the Food and Drug Administration.

The mechanics of the appropriations process show why these two congressmen play such an important role. The federal budget is so vast and complex that the appropriations committees must be split into various subcommittees which deal only with the agencies under their jurisdiction. After a subcommittee has finished exhaustive hearings and voted a certain sum, the full committee usually goes along with the figure. Likewise, the House and Senate for the most part closely follow their appropriations committees' recommendations.

The powers of the appropriations committees haven't gone unchallenged. The so-called "item veto" could take away much of their authority, and President Eisenhower again this year may ask Congress to approve an item veto law.

Committees Protest: At present, the chief executive must either accept or reject as a package an appropriations bill that has cleared Congress. What Eisenhower has proposed is authority to accept parts of such bills and send back to Congress those items he disapproves. Members of the appropriations committees contend this would result in endless bickering and delays, and give the Administration a whip hand over Congress on budgetary matters.

The so-called "back-door" approach also has caused protests from the appropriations committees. This involves programs that are financed, not by congressional appropriations, but by authority to borrow from the Treasury Department's general funds. Chairman Clarence Cannon (D., Mo.) of the House Appropriations Committee contended that "the dimensions of these end runs on the annual review process reached alarming proportions last year... carrying a total price tag of nearly \$9 billion." Among other programs that don't have to go through the appropriations committees are the interstate highway plan, various housing programs, and federal aid to airports.

AMA Backs Tax Cuts for Elderly

Larger tax deductions would help solve some of the problems of financially strapped older persons, the American Medical Association told Congress.

"To the extent that the health care problems of the aged are economic in nature, we believe that a partial solution may be provided through a more liberal tax deduction program for persons over age 65," declared Dr. F. J. L. Blasingame, AMA executive vice president.

Individual Aid: In a letter to the House Ways and Means Committee that is studying ways of lowering overall income tax rates, Dr. Blasingame said "such a program would facilitate the provision of health care on an individually financed basis without the dangers implicit in the adoption of a federal system of hospitalization and medical care."

The AMA official also said that the nation's self-employed such as farmers, dentists, lawyers and physicians "have long been neglected in federal tax legislation relating to pensions."

"With high taxes and inflated living costs, it is difficult for persons in these occupations to set aside adequate funds for retirement without a tax deferment similar to that available to corporate employees," he said, urging favorable congressional action on the House-passed bill that would accomplish this.

Tax Rates Unfair: "Graduated income tax rates which reach confiscatory levels are especially unfair to professional people and others who derive their income from services which they personally perform," Dr. Blasingame said.

He noted that special treatment for the taxation of capital gains, and other types of credits, deductions and allowances "have tended to soften the effect of graduated taxes with reference to income earned from sources other than the rendition of personal services."

"We believe that a simplification of our system of taxation so as to permit lower rates for all is seriously needed," Dr. Blasingame asserted.

Social Security Rises

Social security taxes will rise again next year. The 1960 rate will be a 3% deduction on the first \$4,800 of earnings, compared with the present 2.5%. This adds up to \$24 more a year to a total of \$144 per individual. Employers must match the payment. Even without further changes such as proposed in the Forand bill, the social security tax rate will reach \$216 a year per employee by 1969 under step raises voted by Congress in the past. This is 9% on the first \$4,800 of earnings.



Washington Briefs

● The National Institutes of Health embarked on a five-year grant program aimed at detecting glaucoma earlier. The grants, made to four institutions, are expected to total \$115,000 a year.

● Specific procedures were set up in the National Institutes of Health to carry out President Eisenhower's proposed checkreins on federal medical spending. Among other steps, NIH officials will request full information on the possible effects of the grants on diverting manpower and other resources needed for teaching and medical care services.

● Hunters and others using small auto trailers were warned by the government against the danger of gas poisoning from small portable gas heaters. At least 16 deaths from carbon monoxide poisoning due to faulty bottle gas heaters have been reported.

● Sen. Vance Hartke (D., Ind.), chairman of a Senate Commerce Subcommittee, predicted early action next year on a House-passed measure requiring the labelling of household substances such as cleansers that are highly toxic or inflammable. AMA has urged favorable congressional action on the measure in order to help prevent accidental poisoning cases.

● The Food and Drug Administration cleared 182 chemicals as safe for use in food. The agency said further consideration is needed for six materials: Four food coloring materials—carbon black, charcoal, titanium dioxide, and ultramarine blue—and oleic acid and linolic acid.

● A \$1 million research grant for a five-year study of alcoholism in the United States and Canada was announced by the Public Health Service. The grant was made to the North American Association of Alcoholism Programs.

● Births are heading for a record of more than 4,325,000 this year. The government estimate is based on statistics showing there were a record 3,188,000 registered live births during the first nine months of 1959. The previous record was 4,308,000 in 1957.

Nursing Home Training Urged

Strenuous efforts are needed to furnish more trained personnel for the nation's 25,000 nursing homes, according to a special consultant to the U.S. Public Health Service.

The consultant, Dr. Bruce Underwood, reported that about 60% of the full-time nursing personnel in the homes are aides with little or no formal training. Of a total of 39,000 nurses, only about 15,000 are either full-time registered nurses or licensed practical nurses, said Dr. Underwood in an article published in *Public Health Reports*, official PHS publication.

Only one-third of the nursing homes have either a registered nurse or a licensed practical nurse on their staff, he said.

In another article, a survey of nursing home administrators in St. Louis County, Mo., nursing homes showed that half of the administrators had not completed high school and only slightly more than half had previous work experience in nursing homes or in medical health fields.

Benefits Plan Change Sought

A key member of the House Ways and Means Committee announced he would introduce next year a bill to liberalize the social security disability benefits program.

The lawmaker, Rep. Burr P. Harrison (D., Va.), said his measure would remove the age 50 limitation under the program and eliminate a second six months waiting period now required for disabled persons who have unsuccessfully tried to return to work.

Under present law, totally disabled persons are not eligible for social security payments until the age of 50. Harrison's bill would have no age limitation. He said the change would add about 100,000 persons to the disability program immediately, and predicted the cost could be covered from existing and anticipated surpluses in the social security trust fund.

Harrison is chairman of a Ways and Means subcommittee that recently concluded hearings on administration of the disability program.

Disability Program Change Challenged

The 50-year age requirement cannot be eliminated from social security cash disability benefit provisions without increasing the contribution rate, three insurance associations told a congressional committee.

The American Life Convention, the Health Insurance Assn. of America, and the Life Insurance Assn. of America urged in a letter that a House Ways and Means subcommittee explore the cost of liberalizing the disability portion of the Old Age and Survivors Insurance program.

TV Series Honored

CBS-TV Network's "Conquest" science series has been named recipient of the first TV award ever granted by the National Tuberculosis Assn., honoring the presentation *The World of TB* televised Nov. 15.

Doctor in Legal Quandary When Transfusion Denied

Atlantic City Hospital officials made an all-out effort to obtain parental consent to give Linda Jean Yourinka, 6, a blood transfusion, but the couple refused on religious grounds. Linda Jean died.

Physicians who operated on the girl knew her chances of survival were slight even with the blood transfusion, but were disappointed that they were shackled by law from giving her the full benefit of their medical skills.

Time a Factor: In this instance, the hospital's attorney, Alan B. Endicott II, did not have time to file a petition to make the girl a ward of the court, nor the assurance that this was possible in New Jersey. Linda Jean had suffered a depressed compound fracture of the skull when she was struck by a car and the operation could not be delayed too long.

Endicott and Frank P. Sanders, the hospital's public relations director, in a frantic 12-hour period managed to prepare and file two legal documents which brought the couple before a judge in an evening session.

The jurist, a physician, and hospital officials pleaded with the couple. But the parents, members of Jehovah's Witnesses, refused to consent to the transfusion.

Powerless To Act: The jurist reluctantly cited an amendment to a New Jersey statute which stated that the right of a parent or guardian, in a case involving a minor, could not be denied if it was based on religious beliefs. The judge advised hospital authorities that he was powerless to act in the matter.

The AMA News asked the hospital attorney what could be done to prevent a similar occurrence in the future. Endicott replied:

"I guess we need an amendment to the amendment."

An AMA attorney, commenting on the case, listed a series of hypothetical cases which may guide physicians:

Case 1—An unconscious adult needs emergency blood transfusion during surgery. MD can give transfusion because the law says he may take steps to save life and limb in an emergency.

Case 2—Before surgery, the patient says he is a member of Jehovah's Witnesses and asks that no transfusion be given. An emergency arises, the surgeon does not give blood, and the patient dies. The surviving spouse brings suit against the MD, charging he did not give proper care. This has never been litigated to the attorney's knowledge, but he believes the physician has an adequate legal defense.

Case 3—Patient leaves instruction with hospital that no blood transfusion is to be given. Instructions are not conveyed to surgeon; he gives transfusion and the patient survives. The surgeon probably will not be liable, but the failure of a hospital employee to relay the patient's instruction might leave the hospital open to a technical suit. It is doubtful, however, that a jury would award damages of any consequence because someone's life is saved.

Case 4—Patient leaves instructions that no blood transfusion is to be given and the physician forgets. If the transfusion is made, the patient

probably would have technical grounds for a suit. But again, it is doubtful that a jury is likely to be vindictive against a physician for saving a life.

Life or Death: A patient's membership in a religious sect that normally rejects blood transfusion does not mean the physician should reject this procedure in a life or death situation.

People practice religion to a varying degree, the attorney observed, and if it means life or death, the patient may forsake his religious tenet.

The attorney urged physicians to obtain a signed statement from a patient who does not want a blood transfusion under any circumstances.



UPI Photo

FOOLPROOF METHOD for determining parent-hood of a child is claimed by Prof. Sandor Okros of the Hungarian Institute of Forensic Medicine. He says his studies show that a child's fingerprints always resemble the patterns of both the mother's and father's fingerprints. Prints at bottom are of suspected fathers (left and third from left), mother (second from left). Child's print (right) is said to resemble mother's and father's (third from left).

Full Payment Ruled On Insurance Policy

The San Francisco Municipal Court recently ruled that an injured person who had taken out insurance to cover medical and hospital expenses could recover the full policy limit even though such expenses had been paid under a pre-payment health plan.

The plaintiff had been injured in an automobile accident and received treatment at the Kaiser Hospital which would have cost him \$1,561.10 had he not been a member of the plan.

The plaintiff had an automobile insurance policy with Firemen's Insurance Co., Newark, N.J., by which the carrier agreed "to pay all reasonable expenses (up to \$1,000) incurred within one year from the date of accident for necessary medical, surgical and dental services."

The court held that the insurance company had to pay the \$1,000.

STATEMENT

Dr. John S. Burroughs
BURROUGHSVILLE, U. S. A.

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Report on Actions of AMA's House

Freedom of choice of physician, relations between physicians and hospitals, a scholarship program for deserving medical students and relative value studies of medical services were among the major subjects acted upon by the House of Delegates at the American Medical Association's 13th Clinical Meeting held Dec. 1-4 in Dallas.

Dr. Chesley M. Martin of Elgin, Okla., was named as the 1959 General Practitioner of the Year.

Speaking at the opening session of the House, Dr. Louis M. Orr, AMA president, urged the nation's physicians to take a more active interest in the whole area of politics, public affairs and community life. Dr. Orr also asked physicians and medical societies to do a more effective job of telling medicine's positive story, adding that "if more people knew more about the things we support and encourage, they would listen to us much more carefully about those occasional things that we oppose."

Freedom of Choice

In considering four resolutions which in various ways would have changed or replaced the statements on freedom of choice of physician which the House adopted in June, 1959, when acting upon the recommendations in the report of the Commission on Medical Care Plans, the House reaffirmed two statements approved in Atlantic City. (See story on page one.)

Physician-Hospital Relations

The House received 12 resolutions on the subject of relationships between physicians and hospitals. To resolve any doubt about its position, the House did not act upon any of the resolutions but instead reaffirmed the 1951 "Guides for Conduct of Physicians in Relationship with Institutions." It also declared that "all subsequent or inconsistent actions are considered superseded." (See story page 11.)

Relative Value Studies

Reaffirming a previous policy statement, the House approved in principle the conducting of relative value studies by each state medical society, rather than a nationwide study or a series of regional studies by the AMA. The House also reiterated its authorization for the Committee on Medical Practices to inform each state medical association, through regional or other

meetings, of the purpose, scope and objectives of such studies, the steps to be followed in conducting studies, the problems which may be encountered and the manner in which the results can be applied.

The House recognized, however, that some state medical societies are either not interested in relative value studies or are actively opposed to them. It pointed out that some state medical associations fear that the regional conferences of the Committee on Medical Practices will put pressure on them to carry out such studies and that this will result in the adoption of "fixed fees."

Since the regional conferences are educational in nature, the House said, it remains for each state or county medical association to accept or reject the idea of a study in its area.

The House expressed awareness of the fact that this is still a controversial matter. However, it commended the Committee on Medical Practices for its effort to carry out the instructions of the House, and it urged the committee to continue its educational work.

Miscellaneous Actions

In considering 44 resolutions and a large volume of annual, supplementary and special reports, the House also:

- Learned that the AMA Board of Trustees has appointed a liaison committee to meet with a similar committee of the American Osteopathic Association to consider matters of concern.

- Approved the plan of the Committee on Medical Rating of Physical

Impairment to publish its new guide on the cardiovascular system in the *AMA Journal*.

- Called for investigation of the need, desirability and feasibility of establishing a home for aged and retired physicians.

- Commended Dr. F. S. Crockett, retiring chairman of the Council on Rural Health, for his many years of devoted duty.

- Urged active promotion and careful study of the newly developed "Guides for Medical Care in Nursing Homes and Related Facilities."

- Suggested that fees for consultative examinations under programs of the Bureau of Old Age and Survivors Insurance should be adjudicated directly between the state medical society and the state agency involved.

- Registered a strong protest to



AMEF Gifts At \$934,337

The American Medical Education Foundation reported gifts totaling \$934,337 during the first 11 months of this year. A total of \$241,295 was given AMEF during the Dallas meeting of the House of Delegates.

"Response is growing each month to the exigencies and needs of medical schools," Dr. George F. Lull, AMEF president said, "but there is still a long way to go."

This year's 11-month total compares to \$591,780.92 for the same period in 1958.

Gifts by state medical societies at Dallas were:

California, \$156,562; New Jersey, \$10,000; New York, \$19,546; Utah, \$10,355; Arizona, \$9,263; Indiana, \$35,570.

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f Delegates at 13th Clinical Meeting

the Veterans Administration, urging stricter screening of non-service-connected disability patients admitted to government hospitals.

- Suggested that S.J. Res. 41, a bill which would institute a separate program of international medical research, be delayed until an over-all assessment can be made of proposals now before Congress dealing with domestic and international medical research.

- Endorsed the program of the Educational Council for Foreign Medical Graduates but also urged that judicious consideration be given to local problems involved in the July 1, 1960, deadline for certification of foreign graduates.

- Urged that medical schools include, in their curricula a course on

the social, political and economic aspects of medicine.

- Declared that the threat of nuclear warfare has imposed a tremendous responsibility on the medical profession, which must be prepared to assume a critically important role in such an event.

- Suggested that the AMA make available to school libraries information and literature showing the advantages of private medical care and the American free enterprise system.

- Stated that examinations to determine the physical and mental fitness of aircraft crew members should be made by doctors of medicine with special knowledge and proficiency in certain techniques.

- Urged the American people to get proper tetanus toxoid, original and booster, and other immunizations

as indicated from their physicians, and called on AMA members to cooperate in an educational program on tetanus immunization.

- Recommended that all state and county medical societies establish programs for the inspection and testing of all fluoroscopes and radiographic equipment.

- Approved the speaker's proposal that the opening session of the House, at the Interim Meeting, be moved from Tuesday morning to Monday morning, with the reference committees meeting on Tuesday and the House reconvening on Wednesday afternoon.

- Called upon each individual physician to wage "a vigorous, dynamic and uncompromising fight" against the Forand type of legislation.

- Urged state and local medical

societies and individual physicians to implement the AMA program for recruitment of high-grade medical students.

- Changed the title of the Section on Surgery, General and Abdominal, to the Section on General Surgery.

- Reaffirmed the "Suggested Guides to Relations Between Medical Societies and Voluntary Health Agencies," which were adopted at the December, 1957, meeting in Philadelphia.

MD Pharmacy Role Is Ethical

The AMA's Judicial Council repeated in its report to the House of Delegates at Dallas that it is not "in and of itself unethical" for physicians to own pharmacies or hold stock in pharmaceutical companies.

However, the council said it believes that the ownership of a pharmacy or the ownership of stock or financial interest in a pharmaceutical firm can, "under certain conditions, become unethical and contrary to the best interest of the public and the medical profession."

The House Reference Committee on Amendments to the Constitution and Bylaws, in recommending adoption of the council report by the House, said it believed one paragraph of the report should be emphasized. The paragraph pointed out that because conditions under which ownership could become unethical vary greatly, the council "has insisted that it is the obligation of the local medical society to insure that no one of its members violates the high ethical traditions of the medical profession."

The council said it is the obligation of the county medical society to investigate complaints against its members and to take appropriate action, when indicated, to protect both the public and the profession.

According to the council's report, it has received many letters which indicate that physicians in some communities are forming corporations to package and sell standard medicines under the corporation's name.

Delegates Cited

The House of Delegates at its concluding meeting at Dallas recognized these delegates who were completing their service to AMA: California, Drs. John Green, Lewis Alesen; Georgia, Dr. Charles H. Richardson; Illinois, Drs. Everett P. Coleman, J. Mather Pfeifferberger; Louisiana, Dr. Arthur A. Herold; Minnesota, Dr. George A. Earl; Missouri, Drs. Joseph C. Peden Sr., Frank L. Feierabend; New York, Dr. Thomas M. D'Angelo; Ohio, Drs. Paul A. Davis, L. Howard Schrivers; Pennsylvania, Drs. William L. Estes Jr., George S. Klump; Wisconsin, Drs. Joseph C. Griffith, William D. Stovall.

Meetings in Chicago

All meetings of AMA councils and committees in the future should be held in AMA's newly remodeled headquarters in Chicago whenever feasible, the House declared at Dallas. It accepted the Board of Trustees' statement that such scheduling would be "prudent utilization of facilities and funds." The House suggested that all AMA members visit headquarters on their next visit to Chicago.



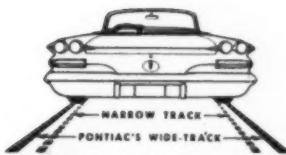
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For Your Information

For the MD

What's New: An Italian manufacturer will market an auto tire with replaceable tread in the U.S. next spring. Tires will retail for about \$35 each, replacement treads for \$12. . . . Assembly procedures in accordance with Robert's Rules of Order are condensed into a pocket-sized tool, called Slide-A-Rule, which helps persons presiding over or attending group meetings. Cost is \$1. . . . A two-band, all transistor radio with direction finder which can serve as a self-powered, handy navigational instrument in aircraft or boats. Price, \$99.95. . . . Pocket-size slide rule and adding machine for \$9.95. . . . Pocket shadow shaver as small as a book of matches for cleaning away "shadow" at office or hospital. Price, \$14.95. . . . Electric shoe polisher for a quick shine for \$29.95.

Travel: Seven plays of golfing on the famous golf courses at Pinehurst, N.C., are offered at winter-season rate of \$99. Price includes lodging for six nights and living and entertainment costs. . . . American tourists spent \$2.2 billion abroad last year; visitors to the U.S. spent \$800 million here. Total may be boosted in 1960, when Visit the USA campaign will be pushed. . . . A 50-day Easter season cruise-tour of the Mediterranean sails from New York City March 17. Minimum tourist rate is \$735.

Shopper's Guide: For the gift that keeps giving, consider stocks, bonds, or mutual fund shares. . . . Self-illuminating pocket magnifier using standard flashlight batteries sells for \$3.95. . . . Hand carved wood caricatures depicting nearly every type of medical specialist sell for \$5.75 each. . . . If you're fishing for pike, blue gill, bass, try a "pimpel-pon," a rod of birch 15½ inches long with a pocket in handle for storing hooks and slivers. . . . A "magic warmer" which radiates heat when touched can take the sting from cold air at outdoor sporting events. Available are "hot seats," "hot mitts," and "hot feet" in all sizes. . . . Pencils and score cards aren't needed with a wrist-watch type "golfer's pal." Strokes per hole are registered by pressing a button, total score is automatically registered. Price: \$4.95.

For the MD's Wife

Shareholders: New York Stock Exchange's census of investors estimated four million housewives are corporation shareholders, constituting largest single group of owners. . . . Soaring imports are pushing down shrimp cocktail prices. One key grade wholesale at 22¢ a pound less than a year ago. . . . Instruction in French, German, Spanish, Italian, Russian, or Hebrew is offered on LP records. Complete course includes four records, conversation manual, two-way dictionary. Cost is \$9.95. . . . A leading Texas department store offers a live Black Angus steer plus a roast beef serving cart for \$1,925, F.O.B. Chicago.

Miscellany: A New York fashion group predicts 1960 will be a year of "evolution rather than revolution" in women's fashions. It predicted no major shift in silhouette. . . . A new 30-minute color film tells the story of human reproduction through imagery and symbolism, and is intended for community and church groups among others. It will be available after January 1 from Maternity Center Assn., 48 East 92nd Street, New York City.

200 Attend Sports Conference

Nearly 200 physicians, coaches, and trainers devoted to protecting the physical well-being of American athletes participated in the first National Conference on the Medical Aspects of Sports at Dallas before the opening of AMA's Clinical Meeting.

Discussions ranged from "The Biodynamic Potential of the American Male Population" to "A Medical Program for High School Football."

Sensitive to Cold: Dr. Bruno Balke, Brooks Aerospace Medical Center, Texas, said the low overall level of physical fitness has left Americans with a low resistance to cold exposure.

"The metabolic requirements of shivering in the cold can reach a level of 4 to 6 mets" (basic metabolic rate), he said. "This causes a metabolic exhaustion of our 'average man' within a few hours. Hypothermic death may then be expected within a few hours."

Dr. Balke said about 80% of the American male population would die if caught by a blizzard 15 to 20 miles from shelter.

Danger Period: Dr. Joseph H. Burnett, Boston, said the first three or

four weeks of a football season is the period in which high school players are most prone to injuries.

Dr. Burnett said a physician at a game should have complete authority over the health supervision of players and that schools should have the motto "A good sub is better than an injured star." Conditioning and "know-how" will reduce the number of injuries and minimize those that do occur, he said.

Football Helmets: Dr. George G. Snively, Sacramento, Calif., said a prototype football helmet patterned after a race car driver's helmet has been tested at the Davis campus of California U.

Creighton J. Hale, PhD, Williamsport, Pa., said a baseball helmet has been developed which incorporates two basic principles of protection afforded by helmets:

- The pitched ball is kept from coming into contact with the cranium, preventing the force of the blow from being transmitted into the brain tissue.

- The movement of the brain

within the cranium caused by the blow is reduced, thus lessening the danger of trauma to brain tissue.

Part-Time Athletes: The value of physical conditioning to prevent injury to persons occasionally participating in a sport was stressed by Dr. Hans Kraus, New York University.

He said many athletic injuries occur when muscles are too weak or too inflexible to respond adequately to stress. He said protection of previously injured joints and muscles can be accomplished by systematic therapeutic exercises which restore full strength and flexibility.

Dr. Kraus said physicians should insist that "part-time athletes" make preparatory conditioning for sports a part of their lives. He recommends walking, stair-climbing and daily home exercises.

Duties of Team Physicians

A football team physician has two basic decisions to make when a player is injured:

- Should the player be removed from the game?

- If removed, should he walk or be carried on a stretcher?

A four-member panel of physicians agreed at the first National Conference on Medical Aspects of Sports that making these two decisions are among the more important on-field duties of a team physician.

Panel members recommended team physicians also assume these other responsibilities:

- Be present when the team is warming up, and—if possible—at practice sessions.

- Know the general physical status of team members, particularly the conditions of previously-injured players.

- Observe the team carefully when play is in progress to spot players whose behavior is peculiar.

- Remove any player who is injured sufficiently to require a timeout.

- Check players both at the half and after the game.

- Don't examine a player on the

field or sidelines. Remove him to a sheltered area where he can be undressed.

- Maintain a close liaison with coach and trainer.

- Emphasize the importance of prompt, definitive diagnosis and treatment.



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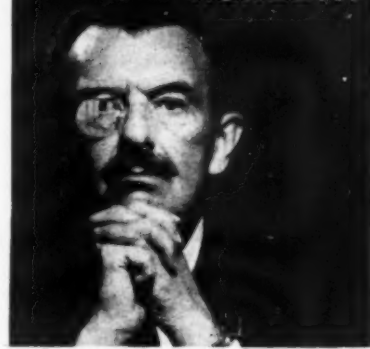
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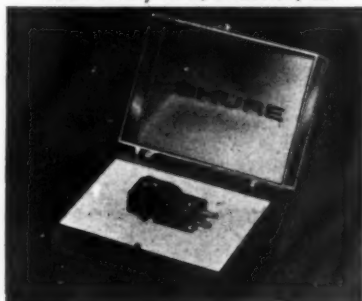
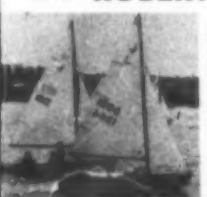
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Stating It Briefly

Pocket Directory: Medical Society of the State of New York has distributed a plastic coated, pocket-size directory of its officers, committee chairmen, and other officials. The four small cards are clipped together.

Tetanus Campaign: Louisiana medical societies conducted a successful campaign to educate the public on importance of taking tetanus inoculations, and re-educating physicians on tetanus. Program was started by Orleans Parish Medical Society and joined in by Louisiana State Medical Society.

First Lecture: St. Louis Medical Society heard Dr. Raymond R. Rembolt, president of the American College for Cerebral Palsy, give first lecture under \$25,000 grant from estate of late Dr. William W. Graves. Dr. Graves' will provided that income from grant be spent on a lecture on the human constitution once every two years and that copies be printed and sent to medical college libraries.

Success Story: Top attractions at Louisiana State Fair were more than 50 health exhibits manned by state's physicians. It was the fourth year Louisiana State Medical Society, Shreveport Medical Society and other groups have presented "Medical Progress."

Hospital Trends: Santa Rosa Hospital, San Antonio, is opening what is believed to be first psychiatric ward in a general hospital in Texas. Also to be opened is a 24-bed self-care unit which will cut patient costs by \$4 to \$6 a day.

Wrong City: In this column Nov. 2, Baptist Hospital was put in Charlotte, N.C. It is in Winston-Salem, N.C., and has been for all of its 37 years.

Elected: Dr. J. C. George was elected mayor of Brownsville, Texas. He led his slate of candidates into office.

20 Years: Cleveland, Ohio, Health Museum—"First in America"—began its 20th year of operation last month.

Santa Adorns Plastic Bags

Nearly 25% of dry cleaners checked in Charlotte, N.C., are using plastic bags decorated with almost life-sized Santa Claus figures, reports AMA's Committee on Toxicology.

Efforts by AMA and other groups to point out the deadliness to children of the plastic bags is being undermined by sale of the Santa-decorated bags, the committee said. Other reports have been received of plastic bags embossed with soldiers' uniforms, comic-strip characters, and other designs which lead to their use as a toy.

The committee still is getting reports of children who have been suffocated while playing with plastic bags in their homes.

Blue Shield Meeting

Representatives of the medical profession and Blue Shield plans will attend the 1960 Blue Shield Professional Relations Conference Feb. 1-3 at the Drake Hotel, Chicago. Subjects of discussion include "The Federal Legislative Climate and the Future of Voluntary Health Care Programs" and "Blue Shield Coverage for the Aged."

MD, Hospital Guides Reaffirmed

The AMA's House of Delegates reaffirmed the "1951 Guides to Relationships Between Physicians and Hospitals" and declared that "all subsequent or inconsistent actions are considered superseded."

Twelve resolutions had been introduced in the House on the subject, and the Reference Committee on Insurance and Medical Service reported that "both the number and resolutions and the discussions before the committee" indicated a reaffirmation of the 1951 Guides was in order.

Summary: Key points of the Guides are:

"The medical profession and the hospitals recognize that certain special services, such as anesthesiology, pathology, radiology, and physical medicine are integral parts of the practice of medicine. . . . Physicians

in these fields should have the professional status of other members of the medical staff.

"A physician shall not dispose of his professional attainments or services to any hospital, lay body, organization, group, or individual, by whatever name called, or however organized, under terms or conditions which permit exploitation of the patient, the hospital, or the physician.

"Where a hospital is not selling the services of a physician, the financial arrangement, if any, between the hospital and the physician properly may be placed on any mutually satisfactory basis. This refers to the remuneration of a physician for teaching or research or charitable services or the like. Corporations or other lay bodies properly may provide such services and employ or otherwise engage doctors for those purposes."

Actions Clarified: The committee observed that it was repeatedly stated in discussions that subsequent actions of the House may be or may seem to be inconsistent with the 1951 Guides.

"What particular action was inconsistent was now, however, made clear," the committee said.

With a view toward clearing up the relationships between physicians and hospitals, the House voted to:

Acknowledge the need to strengthen relationships with hospitals by action at state and local levels; have the Board of Trustees of the AMA continue to maintain liaison with the Board of Trustees of the American Hospital Assn.; have the Council on Medical Service review the problem and ascertain if there have been actions of the AMA that have been inconsistent with the 1951 Guides.



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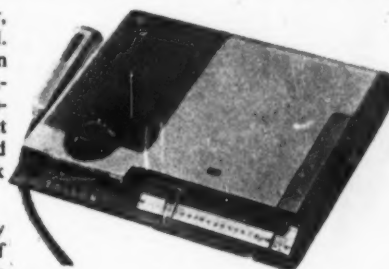
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SPEAKERS AT THE opening session of AMA's 13th Clinical Meeting in Dallas were Sen. Lyndon Johnson of Texas, majority leader in the Senate, left, and Rep. Sam Rayburn of Texas, speaker of the House of Representatives, center. They are shown with Dr. E. Vincent Askey, Los Angeles, president-elect of AMA.

Congressmen Tell MDs Not To Fear Politicians

Two Democratic leaders in Congress told the opening session of the American Medical Association's House of Delegates at Dallas that:

- Physicians should not fear politicians.

- Physicians should take a more active role in politics and government.

The speakers were Sen. Lyndon B. Johnson, Senate majority leader, and Rep. Sam Rayburn, speaker of the House of Representatives. Both are from Texas.

Strength and Solvency: Johnson said America must have strength and solvency if it is to compete successfully against communism's goal of controlling the world.

"It is imperative that America grow, that we not become static," he said. The professions, particularly the medical profession—has most to fear from a static economy."

Johnson said physicians would suffer personally in such an economy since what they practice would become a pawn in the realms of public policy.

Free Economy: "I don't want to see that happen," he said. "I want to see

America maintain an economy in which the people can afford health for their bodies, education for their minds, homes for their families, and can consult the doctor of their choice."

Rayburn told the delegates that the greatest force for better government comes from men and women of integrity who accept the responsibility of voting—and of running for political office.

Turning to medicine, Rayburn said he is "sorry" that so many young men find it difficult to gain admission to medical schools. "Something has to be done," he said, "but I don't know what that something is."

Need to Compete: He said methods must be found which will allow the medical profession to compete against the high bidding by other sciences and professions for talented college graduates.

Rayburn said he believes that when people talk of socialized medicine, they are talking of "something no one can define."

"I have never seen a man or woman in Congress who will say they are for socialized medicine," he said.

Space Medicine

It's Not All Engineering

Dr. Hubertus Strughold, the "father of space medicine," declared that the medical profession must not yield entirely to engineers in the programming of space exploration by man.

Speaking at the opening scientific session of the AMA Clinical Meeting in Dallas, Dr. Strughold, School of Aviation Medicine, Brooks Air Force Base, Texas, noted that a space flight of a week to the moon and back did not pose "insurmountable medical problems."

Prescribing Time: However, he continued, a flight to Mars, calculated by engineers as taking more than eight months, "might meet with the greatest difficulties" and the medical profession must not accept the engineers' time estimate as the final word.

He asserted that it is up to those working in space medicine to "prescribe" to the engineers a medically

realistic time period for interplanetary travel.

Dr. Strughold emphasized that the "most important" goal in space technology is to shorten the duration of space trips by achieving greater speed.

More Problems: Instead of "coasting" to Mars after the earth's gravitational field is overcome, he suggested that "brief or even continued slight acceleration" might be used by the vehicle to cut down the traveling time by one-half or one-third.

At the same time, Dr. Strughold cautioned that greater velocity will intensify problems peculiar to space flight.

As the vehicle's speed approaches the speed of light, he explained, the "collision energy" of meteoroids and dust particles will become higher and cosmic rays would increase their energy level at impact with the vehicle.

AMA President Urges Active Role in Politics

Physicians must take "a more active interest in the whole area of politics, public affairs and community life," AMA's president Dr. Louis M. Orr, told the House of Delegates at Dallas.

Doctors no longer can confine themselves to being good physicians and keeping abreast of scientific advances, Dr. Orr warned.

"We live, and practice, in a world subject to innumerable social, economic, and political pressures," he said. "No citizen is immune to them. No citizen should remain unaware of them."

Political Responsibility: "As physicians, we are called upon to raise our voices when the social, economic, and political issues, involving medicine, are up for debate."

The physician cannot pass on to others his political responsibilities as a citizen, Dr. Orr said.

He urged AMA's members to implement the Council on Legislative Activities' recommendation that individual physicians or groups of physicians participate in political action committees on a local basis.

Dr. Orr also asked MDs to help break down "the myth that the American Medical Association and the medical profession always are against something, never for anything."

Positive Action: He cited AMA's record of supporting 14 pieces of legislation in the 86th Congress, submitting informational statements on four others, and opposing only one, the Forand bill.

The Forand approach to financing of health care of the aged does not meet the need where it exists and destroys progress where it is being made, Dr. Orr declared.

Few of the aged needy for whom financing mechanisms must be improved would be eligible for the benefits recommended under expansion of social security in the Forand bill, he said. The bill would have a "catastrophic impact on voluntary health insurance for those over 65 who want and can purchase such coverage," he added.

Care for Aged: "I charge you with the responsibility of seeing that your state and county societies are carrying out a vigorous, imaginative program with respect to aging and health care of the aged," Dr. Orr told the delegates.

He urged the medical profession, through the AMA and state and

county medical societies, to exert "leadership and imagination" in establishing programs which would guarantee medical care to all, regardless of ability to pay.

He asked the House to reaffirm the action it took at the Denver Clinical Meeting in 1952. At that time the House approved the idea of establishing programs involving a guarantee of physician services for all.

1960 Meeting Deadlines Set

The scientific program for AMA's 1960 Annual Meeting, June 13-17 at Miami Beach, Fla., is being prepared now. Physicians who wish to read papers should contact section secretaries at once.

Motion pictures will be previewed before acceptance. Inquiries about a place on the motion picture program should be sent before Jan. 10 to the Secretary, Council on Scientific Assembly, AMA, 535 N. Dearborn, Chicago 10.

Applications for space in the Scientific Exhibit also close Jan. 10. Application blanks may be obtained from the council secretary.

Names and addresses of section secretaries are published in every fourth issue of the *Journal of the American Medical Association*, or may be had by writing to the council secretary.

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Questions & Answers

Q—This summer I attended a medical meeting on my specialty in a foreign country. Are my expenses deductible?

J.J.O., MD
Missouri

A—Generally, a practicing physician is entitled to deduct his expenses in taking medical courses and training relating to the field of practice in which he is engaged. This includes meals and lodging while away from home, transportation, and tuition or registration fees.

However, if you spent a substantial portion of the time in recreational and sight-seeing activities, it is not likely that your transportation costs will be allowed as a deduction.

Q—Recently, in the name of the local county medical society, I shipped an exhibit to Chicago. I personally incurred the freight charges and would like to know if this expense is deductible on my income tax.

M.M., MD
Florida

A—In order to deduct an expense, it is necessary for you to show that the expense is related to increasing your professional income. Since the exhibit was presented on behalf of your county medical society, it is doubtful that you would be entitled to take a deduction for the freight expense which you incurred.

Malpractice Coverage Risky

If you suspect that your professional liability insurance carrier is using some guesswork in setting your rates, you're probably right. But this does not mean the carrier is out to skin the medical profession."

This statement comes from an authority on professional liability insurance who explains:

"Sound insurance practice is dependent upon a large number of independent exposures (policyholders) so that the carrier is in a better position to balance his risks."

Few Policyholders: Rate making with respect to automobile coverage is fairly easy, he continued, because there are millions of policyholders and a vast store of loss experience information. Within a narrow ratio, auto insurance carriers can estimate losses for the following year, anticipate administrative and sales expenses, and provide for a reasonable profit.

By comparison, he pointed out, there are probably fewer than 160,000 MDs in the U.S. carrying malpractice insurance with some 40 firms.

Under this situation, he continued, if a carrier is forced to pay a few awards of \$200,000 in a sparsely populated state, this may wipe out not only anticipated profits for years to come, but create a loss which will be difficult for the company to make up as far as the particular state is concerned.

Uneven Rates: Ordinarily, professional liability insurance rates are set for a state, large divisions of a state,

How Rates Differ

Typical professional liability insurance rates show a wide range, depending on the state, or particular area within the state, in which the physician practices.

	Physician's Rates (\$100,000/ \$300,000)	Surgeon's Rates (\$100,000/ \$300,000)
Pennsylvania	\$ 51.50	\$ 90.64
Nebraska	61.80	109.18
South Carolina	84.46	148.32
Illinois	103.00	181.28
Missouri	131.84	230.70
Colorado	154.50	269.86
New York I (New York City)	206.00	350.20
California II (Los Angeles County)	267.80	469.68

or possibly a few concentrated areas such as Los Angeles, San Francisco, and New York City where there is a high concentration of physicians and a liability claim situation which is proven to be bad.

Thus, rates may be uneven in two comparable communities only a few miles apart, simply because they are on opposite sides of a state line.

The insurance expert declared that those physicians who think rates can be set upon the professional liability experience in their own county do not recognize the basic principle—rates must be based upon a reasonable number of risks.

Some Discontinued: If premiums were set on a county basis, he ex-

plained, fantastically high rates might result in one county, while physicians in an adjoining county might enjoy very low rates because they did not suffer a liability action loss.

The insurance expert observed that physicians who think professional liability carriers are getting rich might wonder why companies with long experience in the insurance casualty field have dropped this form of coverage.

One executive for an insurance firm has stated:

"The only reason we write malpractice insurance is because it is a good entree for our salesmen to sell other and more potentially profitable forms of insurance to doctors."

Latent Liability: A prime difficulty of professional liability insurance is the matter of latent liability—the interval after policy issue and the time suits or claims are reported.

Because the statutes of limitations apply to a variety of liability situations, it may be 1979 or later before an insurance firm may be sure that 1959 had been a successful year from an underwriting standpoint.

The statute of limitation on an infant may not begin to run until he has reached majority. In one case, a 23-year-old male brought suit for an alleged injury he received at birth.

The insurance expert concluded:

"In many ways, setting rates for professional liability insurance is a guessing game. But sometimes, there is no other way of approaching the problem."

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Scanning the News

Marital Bliss: Marriages in which the husband is mentally superior to, and considerably older than, the wife have the best chance for happiness. Drs. E. W. Buase and Carl Esdorfer, Duke U. psychiatrists, interviewed couples ranging in age from 60 to 90. Age difference in happy marriages is 5.9 years.

Jet Age: If a home or office is damaged by reverberations from airplanes flying beyond the speed of sound, the damage can be deducted as a casualty loss, according to Internal Revenue Service.

Footprints: Legible footprinting of newly born babies is a positive means of identification vital in cases where "law enforcement has an interest," J. Edgar Hoover said in an article in *Hospitals*. The FBI chief said footprinting is more practical than fingerprinting infants, but should only supplement other identification aids such as bracelets.

Ameba on Film: Growth and activity of the ameba will be photographed for first time by Chicago Medical School. Slow motion and time lapse photography will record ameba's mechanisms, metabolism, and ingestion of red cells. Object is to determine how these functions take place.

MD Smokes: Massachusetts physicians are smoking less now than in 1954, a survey of 5,000 doctors shows. Fifty-two per cent of those interviewed in 1954 smoked cigarettes, but the total dropped to 49% in 1959, with about half of these using less than a pack a day.

Doctor Shortage: Comparatively low wages paid physicians working in Japan's 779 public health centers were blamed for 60% shortage of staff physicians. They are paid an average of \$1,084 a year, compared with \$1,223 for doctors in public hospitals and \$1,445 for those in private hospitals.

Postage Hike: The Post Office Department will again seek to boost postage on a first-class letter to 5c or more. Assistant postmaster general said the department will ask Congress for the hike when it reconvenes in January.

Tax Information: District tax directors have been authorized by Internal Revenue Service to give taxpayers method used in checking estimates of sales tax on returns where deductions are itemized.

Free Choice: New medical plan for 1,000 pineapple workers in Hawaii offers free choice of physician. Jack Hall, regional director of ILWU, said union leadership prefers closed-panel type of plan but that the pineapple workers demand free choice.

English Course: Seton Hall University College of Medicine, Jersey City, N.J., has begun a course in medical English for foreign physicians. Twenty-nine MDs enrolled in the course which will run 21 weeks.



TAPE-CUTTING ceremonies opening the Dallas Health Fair, largest health fair ever held in the U.S., were performed jointly by Dallas Councilman Walter Cousins (left) and Dr. E. Vincent Askey, president-elect of AMA.

200,000 See Health Fair

"We've been gratified by the response. The visitors were more than surprised at the technical excellence of the exhibits."

This was the way Dr. Charles M. Cole summed up the Dallas Health Fair—the largest health fair to be held in the United States and the second to be held in conjunction with the Clinical Meeting of the American Medical Association.

Dr. Cole, chairman of the fair, reported more than 200,000 visitors attended the week-long event which featured some 100 exhibits at the Dallas Memorial Auditorium.

Aims of Fair: The Dallas County Medical Society, headed by Dr. Floyd Norman, and the AMA sponsored the fair.

Aims of the fair, Dr. Cole said, were: (1) To present factual health information to the public; (2) to attract young people to careers in medicine and allied fields; (3) to promote closer relationship between physicians and patients.

After visiting the fair, Steve Boegli, an 11-year-old with a keen interest in science, said:

"I've been thinking about becoming a surgeon, and the exhibits certainly have made me more interested in medicine."

Educational Experience: Sister Peter Gerard, who is in charge of the school of nursing, St. Joseph Hospital, Fort Worth, commented:

"There appears to be an emphasis on proper diet and the prevention of accidents. For people who are not in hospital work, this is a tremendously educational experience."

Mayor Robert L. Thornton officially proclaimed the week of Nov. 29-Dec. 6 as "Dallas Health Fair Week."

Miss Kay Schuele, Memphis, Tenn., who displayed her exhibit on algae cookies which won AMA's award at the 1959 National Science Fair, was made an honorary citizen of Dallas.

Executives Meet

More than 250 members and guests of the Medical Society Executives Assn. attended a reception and dinner at the Dallas meeting. Thomas A. Hendricks, assistant to AMA's executive vice president, presided as president and Millard J. Heath, executive secretary of the Dallas County Medical Society, was general arrangements chairman. Six new association members were elected.

'Great and Good'

GP of Year Also Serves As Builder, Civic Leader

An Oklahoma physician who also is an amateur architect-contractor, is the American Medical Association's General Practitioner of the Year. He is Dr. Chesley M. Martin, 70, of Elgin, Okla.

Dr. Martin was named to the honor at the opening meeting of the House of Delegates at Dallas. He received a gold medal and a citation outlining his contributions.

Citizens of Elgin honored their physician on Dec. 6 with an open house at their gymnasium, and the Oklahoma School Board Assn. paid tribute to Dr. Martin for his educational work.

Community Service: Examples of Dr. Martin's dedication to his community are Elgin's \$40,000 gymnasium and \$58,000 Methodist Church. He drew plans for both structures and supervised their construction. The 1,200-seat gymnasium was built in 1949, the church in 1955. He also donated an organ and a piano to the church.

Dr. Martin served 31 years on the town board but resigned from that job to devote more time to his position as chairman of the school board. He has been a member of the school board for 42 years.

The Oklahoma State Medical Assn., in nominating Dr. Martin for AMA's award, said he "is one who has inadvertently received public acclaim for his contributions to society; one who has unwittingly elevated himself in the public esteem through every motivation and action of his 44 years of medical practice."

Thirteenth Award: Dr. Martin is the 13th recipient of the award. The late Dr. Lonnie A. Coffin of Farmington, Iowa, was last year's winner.

Dr. Martin was born in South Carolina June 11, 1889. He completed pre-medical studies at Wake Forest College, took two years of medical education at Tulane University, and received his MD in 1915 from the University of Oklahoma.

He began his practice at Elgin in 1916 and has served the southwestern Oklahoma town of 500 since. He and Mrs. Martin live in the frame home which they bought on credit in 1916. It has been enlarged through the years as their family grew.

Operates Drugstore: Their children are Warren O. Martin, DDS, Henrietta, Texas; Edwin P. Martin, DDS, Healdton, Okla.; Mrs. Marion Wheeler, wife of a Denver, Colo., architect, and Mrs. Eugenia Keller, wife of a Duncan, Okla., physician.

Dr. Martin's office on Elgin's main

street occupies a building which he constructed in 1928. Also in the building is the town's drugstore, owned and operated by the MD because there is no pharmacist in town.

"With antibiotics, new techniques, and improved transportation, the practice of medicine is not the job that it used to be," said the honored physician.

From Miles Around: Some of Dr. Martin's patients drive miles to seek his counsel and treatment. Some come from Burkburnett, Texas, 50 miles away. He still works 12 hours a day, six days a week.

He has delivered 2,500 residents of the area and less than 500 of them were born in hospitals. Twenty-five Comanche Indian families regard Dr. Martin as their medicine man.

The staff of Comanche County Memorial Hospital at Lawton—a 150-bed hospital in a city of 60,000—unanimously elected Dr. Martin chief of staff in 1958-59.

The affection of his patients was expressed by State Sen. Fred R. Harris of Lawton, who wrote, "Dr. Martin has been a wonderful example to me personally, as I know he has to countless others, and he has been and is a great blessing to all those who have known or needed him. Any honor that could come to him, great as it might be, could never repay the debt that all of us owe this great and good man."

Doctors of Medicine Urged To Use 'MD'

Doctors of medicine are urged to use "MD" after their names, rather than "Dr." preceding their names, to distinguish them from all of the other kinds of doctors in the world today.

The American Medical Association will encourage such use of "MD" following the recommendation of the House of Delegates.

"The term 'Dr.' is commonly used today to preface the names of doctors of chemistry, laws, divinity, and others, including those in the practice of nursing and quackery, as well as those in the practice of medicine," said a resolution adopted by the House.

AMA will seek "to inform the public of the meaning of 'doctor of medicine' as contrasted with other 'doctor' designations."

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Diagnosing Investments

No Room To Speculate
On Small Fixed Income

By Merryle S. Rukeyser



Q—I retired from the practice of medicine in 1957 because of ill health. I live on a small fixed income. To increase my income, I would like to buy some common stocks that offer a fair yield and a reasonably good chance for growth and/or stock split.

A—With your personal earning power cut off, you cannot afford to speculate. Furthermore, the promising growth stocks at present give a lower yield than safe bonds. If you want something with less static qualities than bonds, you might consider participation in a merged common trust fund operated by a bank or trust company, a mutual fund, or shares in an investment company.

You don't give your age, or whether you have any dependents. If you are advanced in years and have no dependents, you could increase your spendable income through a plan for exhausting principal as well as income. This can be arranged through an annuity contract with a life insurance company.

Q—I own some Standard Oil (New Jersey) stock, and have a notice of a pending merger with Humble Oil. Standard has been gradually declining on the market for the last year. Do you think the merger will make the stock more attractive?

A—The financial change within the corporate structure is a technicality, with little bearing on the future prospects of the company. The enterprise is a premier institution in the whole field of global energy, and will reflect basic changes in the industry. The stock

belongs in a balanced and diversified portfolio intended for long-term investment.

Q—Your advice regarding the purchase of tax free bonds, such as Power Authority of the State of New York and Port of New York Authority for future tax free income, would be appreciated.

A—The sharp rise in interest rates to the highest level in three decades makes the return on all prime bonds attractive. Tax exempt bonds of the states and their political subdivisions are suitable for those in higher income brackets, where the tax savings are valuable.

Q—Presume you had a sum of several thousand dollars in cash, and wish to invest in mutual funds, and get the benefit of dollar averaging. How long a time would it take to average out fluctuations in business?

A—To get the full benefits of dollar averaging, you should make long-term investment plans running a decade or more. If you make periodic deposits in mutual funds with a heavy "load" or selling cost, it takes years to absorb such overhead. Of course, you can get good mutual funds, operated as affiliates of investment counsel firms without a "load." Systematic saving in the same well-selected securities constitutes a sensible approach.

(Mr. Rukeyser will be pleased to receive inquiries from physicians concerning their financial problems. Letters, with self-addressed, stamped envelopes, should be sent in care of The AMA News, 535 N. Dearborn, Chicago 10, Ill.)

Forand Backers Ignore
Liquid Assets of Elderly

Liquid asset holdings of persons over 65 have been ignored by groups supporting legislation which would provide government health care for the aged.

The fact that the over-65 age group holds "relatively substantial" liquid assets makes questionable the need for legislation "... designed to compel those under 65 to pay ... medical care costs of those over 65, regardless of financial status."

These are conclusions of a study by the American Medical Association's Department of Economic Research on "Financial Assets of the Aged and Forand-Type Legislation."

(See editorial on page 4. The study was published in the Oct. 31 issue of the *Journal of the American Medical Association*.)

Three Out of Four: The study pointed out that the Federal Reserve Board's Survey of Consumer Finances shows that between 1949 and 1958, persons over 65 accumulated liquid assets faster than any other age group.

Three out of four persons (74%) in this age group owned liquid assets in some form in 1958, according to the FRB survey. Persons over 65 had the highest median value in liquid asset holdings—\$800 for all aged persons and \$2,450 for the 74% holding liquid assets.

Liquid assets include bank savings and checking accounts, postal savings, savings bonds, and shares in savings and loan associations and credit unions. They do not include stocks, other types of bonds, homes, and other real estate.

Holdings Valued: The AMA study said that while nearly 75% of the aged had incomes of 3,000 or less in 1957, nearly half the persons in that income bracket had liquid assets of \$500 or more in 1958.

In addition, eight of every ten persons over 65 with income of \$3,000 to \$5,000 in 1958 held assets of \$500 or more and 57% had liquid holdings valued at \$2,000 and above.

The study said these figures suggest that the problem of the aged is not one of money income and age, nor a group problem.

Individual Problems: "There are indeed chronic problems of aging and the aged, but ... they are individual problems of individual human beings," the report said.

"To the extent it can be argued that

some people cannot afford medical care, the argument calls either for an extension of the deductible provisions in income tax laws or, at most, for some subsidization of the poverty-stricken."

The study said proponents of the Forand bill have often quoted a figure that three-fifths of all people over 65 had less than \$1,000 in money income in 1956 and 1957.

Family Income: It said this figure pictures the aged as poverty-stricken, but it pointed out that in 1958, 47% of all people between 14 and 65 had \$1,000 or less income. But the median family income was approximately \$6,000.

The study said it should be remembered that the money income figure quoted for the aged by Forand-bill backers refers to individual incomes—not family income.

Department members making the study were Arthur Kemp, PhD, director; Leonard W. Martin, PhD, assistant director; and Miss Cynthia Harkness, research assistant.

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Business Briefs

How To Figure Housing Costs

House Payments: FHA officials say the most reliable way to figure how much you can spend for housing costs (payments, taxes, insurance, maintenance, repairs, etc.) is to add up all your nonhousing expenses plus an estimated amount for unexpected expenses and subtract the total from your "take-home" income. Average monthly payment for people buying homes with FHA mortgages is about one-fifth family's monthly take-home pay. Total cost of home is about twice family's annual income, after taxes.

Tax Guide: Internal Revenue Service has prepared a 144-page guide, *Your Federal Income Tax*, to help taxpayers in filling out their returns. Copies will be available about Jan. 1 at 40c each. Write: Superintendent of Documents, Washington 25, D.C.

Savings Bonds: U.S. Treasury Dept. will issue regulations this month to enable owners of series E, F, and J government savings bonds to exchange them for series H bonds starting Jan. 1, and escape any immediate tax bite. Savings bonds will be accepted at current redemption value.

Parcel Post: New parcel post rate increases, averaging 17.1%, will not go into effect until Feb. 1. Increases are expected to wipe out annual losses on parcel post operations of \$88 million annually.

Edsel Dropped: People who bought 1960 Edsel cars before the Ford Motor Co. announced it would discontinue production of Edsels will receive certificates worth \$300 at any time toward purchase of a new Ford product.

More Funds Pledged
For Aviation Medicine

Senate Majority Leader Lyndon B. Johnson pledged a new appropriation of \$12 million to develop the Aerospace Medical Center at San Antonio, Texas, at dedication ceremonies for the new School of Aviation Medicine.

The \$10 million, seven-building medical center at Brooks Air Force Base contains some of the latest equipment for space medicine study, including a new two-man space cabin simulator to be used in physiological testing.

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By a Barron's subscriber

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